



PRIVATE SANITARY SEWERS OPERATING (PSO) PROGRAM

Permit Application for a Change of Ownership

DERM - Miami-Dade County
701 NW 1ST Ct., Suite 700
Miami, Florida 33136-3902
Phone: (305) 372-6600
Fax: (305) 372-6957

Notes:

Please complete and/or correct information as necessary.

You **MUST** return this form properly **SIGNED**.

PERMITTEE INFORMATION (Please print or type) Class: PSO-_____

Permittee Name: _____ (Contact Name)	Title: _____
Mail Address: _____	
City: _____	State: _____ Zip Code: _____ Phone No.: _____ Ext. _____
e-mail address (if any): _____	

Facility Name: _____ (Include Store Number, if applicable)	
Company Name: _____	
Facility Address: _____	
City: _____	Zip Code: _____
Property Owner: _____ (As it appears in County records)	Facility Phone: () Ext. _____
Property Tax Folio No.: _____	Facility Fax No.: () _____

EMERGENCY CONTACT INFORMATION: (You Must Complete / Update this box)

Emergency Contact Person: _____	Phone (24 HRS): _____
Maint./Service Contractor (& Ph. No.): _____	

SIGNATURE STATEMENT: (Form must be properly signed)

The undersigned owner or authorized representative* of: _____
Facility / Business / Company Name

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Metropolitan Dade County Code, and all the rules and regulations of the Department. He/She also understands that a permit, if granted by the Department, will be non-transferable and he/she will notify the department upon sale, change of location, or legal transfer of the permitted facility.

*Attach letter of authorization, if necessary

I certify under penalty of law that this document was prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or the persons directly responsible for gathering the information, that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative, Owner or Corporate Official: _____ Signature _____

Print Name: _____ Date: _____